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ABSTRACT

Reviewed are studies describing how forms and features of child care systems can influence the development of social competency with peers during the infancy to preschool periods of development. Interactions between the child care and familial systems in influencing social competency with peers are also examined. Sections of the review focus on children's attachments to adults, caregiver stability, patterns of interaction and socialization at different ages, peer group stability, peer group size and composition, quality of attachment, and the bidirectionality of systems, as well as stress and social support. The review suggests that aspects of the child care system, and of the child care system in interaction with the family system, may influence the development of young children's social competency with peers. Many potential associations between child care and social competency with peers have not been researched. Suggestions for future research are highlighted. Sixty-three references are listed. (RH)

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Peers and Child Care

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Social Competency with Peers;

Contributions from Child Care

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Abstract

Research which describes how forms and features of child care systems can influence the development of social competency with peers during the infancy to preschool periods of development are reviewed. Interactions between the child care and familial systems in influencing social competency with peers are also examined. Many potential associations between child care and social competency with peers have not been researched. Suggestions for future research are highlighted.

Social Competency with Peers; Contributions from Child Care

Dramatic increases in maternal employment and subsequent use of child care have resulted in large numbers of children preschool age and younger experiencing close and intimate contact with peers. Paralleling this social phenomenon has been an equally dramatic increase in the attention paid by developmental researchers to the function and course of development of the child's social competency with peers. While it has been generally recognized that the increase in child care enrollment has facilitated the study of peer relationships, little research attention has been paid to the features and forms of the child care system which enhance or impede the development of social competence with peers. The purpose of this review is to examine relationships between aspects of child care and social competency with peers.

Social competency as a general developmental construct is multifaceted and has many definitions (see Anderson & Messick, 1974; Dodge, 1985; Kohn & Rossman, 1972; Walters & Sroufe, 1983 for examples of attempts to define social competence). The current review will limit the construct of social competence to social competence with peers. Social competence with peers is assumed to reflect successful functioning with peers. Successful functioning implies both that the child is popular and effective in her impact on peers and that she is sensitive to the social

communications from peers. While social competence with peers may involve cognitive skills such as information processing (Dodge, 1985; Gottman, Gonso, & Rasmusen, 1975), social cognitive skills (Rubin & Daniels-Bierness, 1983), and correlate with the child's self-concept (Harter, 1982), the current review will limit the discussion to social interaction and in friendship formation. Social interaction and friendship are considered independent yet related. Social interaction is defined as social skills such as entry into playgroups, skillful play with peers, sociability, and absence of aggression and hostility which lead to peer acceptance and popularity (Dodge, 1983; Hartup, 1983). Friendship is defined as a stable affective dyadic relationship marked by preference, reciprocity, and shared positive affect.

The development of social competency with peers can be divided into five periods roughly equivalent to infancy, early toddler, late toddler, preschool, and childhood period. Each of these periods can be characterized by particular clusters of behavior which mark social competency (Howes, 1986). The infancy period is characterized by social interest and responsiveness to the peer, the early-toddler period by complementary and reciprocal interaction, the late-toddler period by the communication of meaning, and preschool by social organization of the peer group. By middle childhood, social status within a group remains stable

for at least five years (Coie & Dodge, 1983). Sociometric status in middle childhood, especially rejected and popular statuses, tends to be resilient with regard to changes in the peer group (Coie & Kupersmidt, 1983; Dodge, 1983). Ratings of peer rejection during middle childhood are predictive of school dropout, antisocial behavior, delinquency, sexual disorder and psychopathology in adolescence and in the early years of adulthood (Cowen, Pederson, Babigian, Izzo, & Trost, 1973; Roff, Sells, & Golden, 1972).

The origins of individual differences in social competency with peers has been a matter of some debate. This debate, as elaborated in several recent reviews (Hay, 1985; Sroufe, 1983, Vandell, 1985), has focused on the independence versus interdependence of the adult and peer social systems. For purposes of the current review, an interrelationship between social experiences with peers and significant adults will be assumed. Within this framework, social environmental contributions from the child care system to individual differences in social competence with peers will be examined.

In a larger sense the development of social competency with peers occurs within a social system composed of the child's family, relatives, and the adults and children in the child's child care setting. As familial contributions to the development

of social competence with peers have been recently reviewed elsewhere (see Hay, 1985; Hartup, 1983; Rubin & Lollis, in press; Sroufe, 1983), the current review will focus on the contributions of adults and children in child care and on the interaction of familial and child care systems in the development of social competence with peers.

Within the child care social system, the child has intimate daily contact with one or more adults who are not the child's parent, and with other children. The child care system itself may vary on many dimensions. The dimensions of particular interest for the development of social competence with peers include the attachment relationship between the child and caregiver; the stability of the caregiver--how many losses of the caregiver are experienced; the pattern of socialization of peer contact used by the caregiver; and characteristics of the peer group--its stability, size, and heterogeneity.

Adults in Child Care and Social Competence with Peers

Attachments to Adults

Children in child care are reported to form attachment relationships with their caregivers. Three studies which used the Ainsworth Strange Situation paradigm to assess attachment relationships between infants and their child care caregivers (Ainslie & Anderson, 1985; Anderson, Nagle, Roberts, & Smith,

1981; Krentz, 1983) report that secure as well as insecure patterns of attachment to the caregiver do occur. A relatively large body of literature reports that children with secure attachment relationships with their mothers are more socially competent in their relationships with peers (Jacobson & Wille, 1986; LaFreniere & Sroufe, 1985; Lieberman, 1977; Pastor, 1981; Sroufe, 1983; Sroufe, Fox & Pancake, 1983; Waters, Wippman, & Sroufe, 1979). The nature of the children's attachment relationship to the adult caregiver may influence the nature of the child's internal model of self and others in much the same way as the nature of the child's relationship to the familial attachment figure (Bretherton, 1985). Children who form secure attachments to their caregivers would, all else being equal, be expected to be more socially competent with their peers.

Caregiver Stability

The stability of the adult caregivers in child care is also expected to contribute to the development of competency with peers. If children form attachment relationships with caregivers then the loss of a caregiver becomes the loss of an attachment figure. Two studies suggest infants and toddlers in child care are sensitive to caregiver stability. Cummings (1980) compared infants' responses to stable and unstable child care caregivers in both a strange situation and during morning reunions between

caregiver and child. He reports that children used the stable but not the unstable caregivers as attachment figures. Rubenstein and Howes (1979) observed toddlers in child care centers and reported that the toddlers differentiate their social initiations and responses between stable and less stable caregivers. The child who experiences a series of unstable caregivers may lose interest in and motivation to engage in the social world. Since social interest in the peer partner represents an early task in the development of social competency with peers, the child who experiences caregiver instability may be at risk for poor peer relationships.

Patterns of Interaction and Socialization

Day care caregiver patterns of interaction with the child and her socialization of peer contacts are also expected to contribute to the social competence with peers of the children in her care. There is virtually no research on caregiver mediation of peer contacts. The following discussion is designed to serve as an outline of directions for future research.

Infancy. Caregivers who are sensitive to the social signals of the infants in their care and who engage in playful interaction with them are expected to contribute positively to their social competency with peers. These sensitive and playful interactions are expected to encourage sociability in the infant. Sociable

infants are expected to be interested in peers as well as adults. The caregiver who values early peer relationships is expected to contribute to the infants' social interest in peers by placing babies in sufficient proximity for watching the partner, by directing the infant's attention to the peer, and by arranging sleep, eating, and play patterns so that age mates have opportunities to observe the other.

Early-toddler period. Caregivers may play a direct role in fostering peer contacts during the early-toddler period. Peer contacts, especially turn taking interactions, may be structured by the caregiver. For example, a caregiver with a long string of pop beads might ask child A to pull one off, child B to pull off the next bead, Child A the next, and so on. The caregiver has thus established the turn taking structure of the interaction. The sensitive caregiver will know when to remove herself from the action permitting the children to continue the game structure without adult support.

The caregiver may also foster peer interaction in the early-toddler period by monitoring but not intervening in ongoing peer interaction. Observations in toddler child care centers suggest that teacher intervention in ongoing peer play tended to end the play (Howes, unpublished data). Peer interaction in this period appears to be sufficiently fragile that even positive adult input tends to divert attention from the game.

Late-Toddler and Preschool. By the late toddler and preschool periods, the adult and peer social systems may become increasingly separate. Caregivers may tend to structure the peer play of aggressive or withdrawn children but not of children whom they perceive as competent in peer relationships. In many child care centers the child who approaches the caregiver for help in peer relationships is redirected to solve the problem without adult intervention. For example, the caregiver will say, "You tell her, 'I don't want to play that way'".

The caregivers role may become one of devising and enforcing rules of conduct. These rules of conduct are generally focused on aggression and sharing. Informal observations suggest less variability in notions of acceptable conduct within teachers as opposed to parents. For example, few child care centers permit any physical aggression and many forbid even replicas of toy guns. All toys are the property of the group and therefore must be shared according to rules usually based on length of turn or prior possession. Of course, caregivers differ in the consistency with which these rules are imposed and the degree of punitiveness associated with rule violation.

Contributions of the Peers in Child Care

Stability of the Peer Group

The stability of the peer group is also expected to be an influence on the development of social competency with peers.

When the peer group remains stable, the other children become familiar play partners. Skillful peer interaction is strongly influenced by the familiarity of the peer partner (Doyle, Connolly, & Rivest, 1980; Field & Roopnarine, 1983; Mueller & Vandell, 1979). Familiarity of the partner is especially important in the infant and toddler periods because peer interaction is limited by the pre-symbolic nature of peer interaction. When peer interaction is limited to nonverbal routines and ritual games, a familiar peer becomes an important aspect of the interaction. The stability of the peer group increases in importance as children develop specific friendships. Particular relationships with particular peer partners are based on the continued presence of the partner.

Despite the theoretical importance of the stability of the child care caregiver, practical realities make adult caregiver turnover a major problem. When adult caregivers are less than stable the stability of the peer group takes on added significance. The extreme case of adult caregiver instability is the case of the World War II orphans who although shifted through various camps, remained together and formed close and intimate bonds that appear to have prevented major emotional disturbances (Freud & Dann, 1951). Although child care infants and toddlers are not facing such extreme separations from adults, their

friendships may still serve an emotional security function (Howes, 1983; Howes & Mueller, 1980; Ipsa, 1981). Therefore, the stability of the peer group takes on additional importance.

Young children are negatively affected by the loss of a stable peer especially if the peer is a friend (Hartup, 1975). Field and colleagues (Field, 1984; Field, Vega-Lahr, Jagadish, 1984) report that child care infants, toddlers, and preschoolers who transferred to new classes or schools experienced increases in negative affect, activity level, physical aggression, and sleep disturbances at the time of the move. The infants and toddlers who transferred with close friends were less affected by the change. More long term effects of separations from friends were found in a three year longitudinal study of child care children (Howes, under review). Children who maintained friendship over the three years had greater social skills, and higher sociometric ratings, than children who were separated from their friends. Children who were separated from their friends were less able to replace them than were children who remained in the same peer group but ended their friendships. Finally, children who lost a high proportion of friendships due to separations were rated by teachers in the following year as more hesitant in peer relationships.

Peer Group Size and Composition

The size and composition of the peer group may also contribute to the development of peer social competency. In the infant and early toddler periods, peer groups which are limited in size and age range appear to support the development of peer skills (Mueller & Vandell, 1979). A small peer group probably encourages peer interaction because such interaction, in these early periods, rarely occurs between more than two children. A group of six to eight children permits choices between partners, yet protects the peer contacts from the over stimulation and interruption found in larger groups.

Same-age and mixed-age peer interaction can fulfill different functions (Hartup, 1983). A mixed-age peer group might be expected to influence positively the development of social competency with peers. Older children could potentially serve as models for the interaction of younger children. Older children could also function in the same fashion as siblings (Dunn & Kendrick, 1982) by incorporating younger children into more complex forms of interaction. This hypothesis is supported by a study which found greater frequencies of complex social pretend play when toddlers played with preschoolers as opposed to age-mates (Howes & Farver, 1986).

However, studies of peer interaction within family daycare homes suggest that the younger children tend to practice new

skills such as complementary and reciprocal interaction with age-mates rather than older children (Howes & Rubenstein, 1981; Rothstein-Fisch & Howes, 1984). Family day care homes typically contain small group of children ranging in age from infancy through preschool. Future studies might contrast naturally occurring versus experimentally induced interaction between toddlers and preschoolers.

By the late toddler and preschool periods, larger and more heterogeneous peer groups might be expected to foster social competency with peers. Increases in size and heterogeneity are suggested by the children's increased ability to communicate meaning. With the capacity to communicate meaning as well as engage in structurally complex interaction, the child can expand her circle of playmates and friends to include a wider range of children. Increased heterogeneity in such factors as age, ethnicity, and spoken language, might be expected to foster the preschool child's acquisition of social knowledge of playmates.

Familial and Child Care Interactions

In its most fundamental form, family and child care systems interact to influence a child's social competence with peers by the parents selection of the form of child care. If the parents select a child care arrangement that precludes contact with peers, e.g., in home care or a family day care home with only one child,

then the family's priority on the child's social relationships with peers will influence the child's social competence with peers. However, at least sometime during the preschool years, most families select child care arrangements that include peers.

A number of recent studies suggest that child care and family systems interact to influence the development of the child care child (Howes & Olenick, 1986; Phillips & McCartney, 1986). In terms of social competency with peers, child care and family systems are expected to interact in three major ways--through the attachment relationships with parents and caregivers, through the bidirectionality of the adult and peer social systems, and through the social support systems of the family and the social support provided to the family via child care.

Attachment

The quality of the attachment relationship between the child and parent does not always predict the quality of the relationship between child and caregiver (Krentz, 1983). Drawing from a study which assessed the infant's attachment to both mother and father, it appears that concordant or nonconcordant attachment relationships (attachments of the same or different qualities to different caregivers) may influence patterns of interaction with others, including peers (Main and Weston, 1981). The effects of such discordant attachment relationships are not well understood

nor well researched (Bretherton, 1985). However, the child who has two secure attachment relationships, e.g., with mother and child care caregiver, would be expected to develop social competency with peers.

The case of nonconcordant relationships, e.g., a maladaptive relationship with an abusing mother and a secure attachment with a child care caregiver, is of considerable theoretical and practical interest. Abused children are most likely to have nonadaptive attachment relationship with their parents (Egeland & Sroufe, 1981). Accordingly many abused children are placed in child care as a form of family intervention and respite. Child advocates expect these children to form secure attachment relationship with the warm and sensitive caregivers provided in such programs. If abused children do indeed form secure attachment relationships with caregivers as well as insecure attachment relationships with their parent, then these children would be expected to have competing models of the self and of social relationships. These nonconcordant relationships might produce different and perhaps situationally dependent patterns of peer interaction.

A partial test of these hypotheses is found in a series of studies of the peer social competency of abused toddlers in child care intervention program which integrates abused and nonabused

children. During free play periods in the child care center, the abused children engaged in peer interaction which was similar to the nonabused children in complexity and content (Howes, 1984). However, when these same children were observed in a structured situation without their caregivers but with a familiar peer, the abused children responded to the distress of their peers with aggression (Howes & Eldredge, 1985). The discrepancy in these findings may relate to the presence or absence of the child care caregiver as well as the differences in stress level of free play versus a structured play session. When the children could easily decide to avoid the peer partner (free play) and had access to a caregiver, the abused children appeared to use the caregiver as a secure base and act in an adaptive manner with peers. When the caregiver was absent and the child could not avoid the peer, the children appeared to use a maladaptive model of relationships presumably derived from the parental attachment in interaction with peers. Unfortunately, as Howes did not assess the attachment relationships of the abused children, a true test of these hypotheses awaits further study.

Future research needs to investigate directly the effects of discordant attachment relationships with child care caregivers of abused and other children with insecure parental attachments. The timing of the child's entrance into child care will be of

particular importance in these studies. A child who enters child care after a nonadaptive attachment relationship is well established, (i.e., after 15 to 18 months of age,) is expected to be less able to establish an adaptive attachment relationship with a child care caregiver and, therefore, less likely to be able to develop social competency with peers than a child who entered at an earlier age. Support for this hypothesis can be derived from two existing studies. Sroufe (1983) reports that preschool age children with nonadaptive parental attachment histories elicited reactions from their teachers which were consistent with their parental attachment. George and Main (1979) report that abused toddlers more often than control toddlers harrassed their child care caregivers. The teachers in Sroufe's study encountered the children three and a half years after the initial assessment of attachment to parents, for these children working models of relationships derived from parental attachments were well established. The children in the George and Main study were younger; however, it appears from the published report that the majority of these children also entered child care after parental attachments were established. Unfortunately, parallel studies of children who entered child care at earlier ages are not included in the extant literature.

Bidirectionality of Systems

Studies of the bidirectionality of the development of social competence with adults and peers (Vandell, 1985) suggest that not only do social relationships with adults influence social relations with peers but social interaction with peers influences social interaction with adults. Support for the bidirectionality of sociability with adults and peers is found in several studies. For example, Rubenstein and colleagues report that the presence or absence of a toddler peer influenced the frequency and content of mother-toddler interaction (Rubenstein & Howes, 1976; Rubenstein, Howes, & Pedersen, 1982). Vandell (1979) studied parent child interaction before and after toddlers attended a daily year-long playgroup. Compared to a control group, the playgroup toddlers became more socially active and responsive and their parents less dominant in parent child interaction after the playgroup experience. Thus one can speculate that children bring social interaction patterns, acquired at home, to interaction with peers in child care, that the patterns of interaction are then modified through the experience of interaction with peers, and then are brought home to modify parent-child interactions.

Stress and Social Support

In a larger social context, the stress level and social support systems of the family influence locating and selecting

the particular child care system used by the family (Howes, in press). Child care is also hypothesized to serve as a social support for families. It, therefore, seems appropriate to explore the influences and interactions of stress and social support systems on the development of social competency with peers.

Chronic familial stress has been implicated in children's rejection by and isolation from peers (Hetherington, Cox, & Cox, 1979). Support systems, on the other hand, are well known to mitigate family stress. In studies of older children, peers serve as support systems to reduce the adverse effects of stress (Emery, 1982; Wallerstein & Kelly, 1980; Warren, 1983). Therefore, if the child care system is one in which peer relationships are fostered and valued, the child in child care may learn to use peers for social support in times of familial stress.

Children whose families have supported the development of peer relationships through their own integration into social support networks are probably more likely to have the social skills and relationships necessary for eliciting peer support in times of stress. One function of familial integration into support networks may be to provide the child with contact with peers. Teachers suggest that friendships formed in child care

are solidified and given a certain legitimacy if the children are invited to play within the family system as well as within the child care system. Conversely, Rubin & Sloman (1984) suggest that parents play an important role in children's friendship formation by selective invitations to "play at my house". The parent who is more comfortable with social contact herself, is probably more likely to arrange for peer contacts for her child.

A partial test of the hypothesis that familial integration into social support networks predicts social competency with peers in child care settings is provided by a series of studies by Espinosa and Howes (1985). In the first study, parents of toddlers enrolled in child care centers, were interviewed concerning social networks and their children observed with peers in child care. Aggressive toddlers had less contact with peers outside of child care and were more likely to have families who were not integrated into social support networks. Socially adept toddlers were associated with the opposite pattern of family social support. In the second study, the parents of preschool child care children were asked to complete social network questionnaires; and the children were observed in child care, given a sociometric interview, and rated for social competency by teachers. Children observed to be socially competent with, and rated as socially competent by peers and teachers tended to have

multiple contacts with peers and nonfamilial adults and to be associated with families who were highly integrated into social support networks which they relied upon for child care support.

Summary and Implications

This review has suggested that aspects of the child care system and of the child care system in interaction with the family system may influence the development of social competency with peers. One of the particularly striking implications of the current review is that although the setting for many studies of the emergence of peer interaction skills and friendships has been child care, there has been relatively little direct research attention paid to associations between forms and features of child care and social competence with peers. It is hoped that this review will serve to stimulate the production of such research.

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